

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-013152

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3365

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED APR 8 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY		a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	
Length of stay in 1b 1 day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If outside, give location) 4600 Fendler Ct.	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED A/K/A First Ella E. Middle Ellen Crawford Last Crawford		4. DATE OF DEATH Month March Day 21, Year 1963	
5. SEX F		6. COLOR OR RACE W	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-20-1889	
9. AGE (last birthday) 73		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (City and state or country) Omaha, Nebraska		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ellsworth E. Yorger		13b. MOTHER'S MAIDEN NAME Ada Mueller	
14. NAME OF HUSBAND OR WIFE J. Lee Crawford		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no)	
16. SOCIAL SECURITY NO. 81		17. INFORMANT Address Mr. J. Lee Crawford 4600 Fendler Ct.	
18. CAUSE OF DEATH (Enter only one cause per PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial failure</i> DUE TO (b) <i>Alveolar Carcinoma of lung</i> DUE TO (c) <i>162.1</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>3-20-63</i> to <i>3-21-63</i> and last saw her alive on <i>3-21-63</i> Death occurred at <i>7:40 a.m.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Gertrude Klein</i>	
22b. ADDRESS <i>2632 S. KINGSHIGHWAY</i>		22c. DATE SIGNED <i>3-21-63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE <i>3-23-63</i>	
23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY		25. DATE RECD. BY LOCAL REG. MAR 22 1963	
26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Bert H. Klein
2632 S. Kingshighway
PR. 2-7475

153:30 Fri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Bert E. Branson

Licensed Embalmer No.

4764

P. O. Address

St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.